## **In-Kind Contributions Received**

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Full Name of Contributor	Employer, Occupation, Labor Organization*			Registration Number, if PAC					
Street Address	Description of Item or Service			M	D		Y	Fair Market Value	
City	Sta	a te	Zip Code	Receive	ed at Fu	ndrai	sing I	Event?	
				I YES I NO					
Full Name of Contributor	Employer, Occupation, Labor Organization*			Registration Number, if PAC					
Street Address	Description of Item or Service			М	D		Y	Fair Market Value	
City	Sta	a te	Zip Code	Receive I YE	ed at Fu	ndrai		Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization*			Registration Number, if PAC					
Street Address	Description of Item or Service		or Service	M	D		Y	Fair Market Value	
City	Sta	a te	Zip Code	Receive I YE	ed at Fu	ndrai		Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization*			Registration Number, if PAC					
Street Address	Description of Item or Service			М	D		Y	Fair Market Value	
City	Stal te Zip Code			Received at Fundraising Event?  I YES I NO					
Full Name of Contributor	Employer, Occupation, Labor Organization*			Registration Number, if PAC					
Street Address	Description of Item or Service			M	D		Y	Fair Market Value	
City	Sta te Zip Code		Zip Code	Received at Fundraising Event?  I YES I NO					
Full Name of Contributor	Employer, Occupation, Labor Organization*			Registration Number, if PAC					
Street Address	Description of Item or Service			М	D		Y	Fair Market Value	
City	Sta	a te	Zip Code	Receive I YE	ed at Fu	ndrai		Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization*			Registration Number, if PAC					
Street Address	Description of Item or Service			М	D		Y	Fair Market Value	
City	Sta te Zip Code		Zip Code	Received at Fundraising Event?  I YES I NO					
Full Name of Contributor	Employer, Occupation, Labor Organization*			Registration Number, if PAC					
Street Address	Description of Item or Service			M	D		Y	Fair Market Value	
City	Sta	al te	Zip Code	Receive I YE	ed at Fui	ndrai	_	Event?	

Page Total \$	

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]